

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000005105

1. Entity Name
DEG CAPITAL G.P. I INC.



Principal Place of Business
140 INTRACOASTAL POINTE DR.
#410
JUPITER, FL 33477

Mailing Address
140 INTRACOASTAL POINTE DR.
#410
JUPITER, FL 33477



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0785752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEGEORGE, LAWRENCE J
140 INTRACOASTAL POINTE DR.
JUPITER, FL 33477

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEGEORGE, LAWRENCE J
STREET ADDRESS 140 INTRACOASTAL POINTE DR.
CITY-ST-ZIP JUPITER, FL 33477

TITLE V
NAME DEGEORGE, FLORENCE A
STREET ADDRESS 140 INTRACOASTAL POINTE DR.
CITY-ST-ZIP JUPITER, FL 33477

TITLE S
NAME FALCK, DAVID P
STREET ADDRESS 1540 BROADWAY
CITY-ST-ZIP NEW YORK, NY 10036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Lawrence J. DeGeorge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 561-745-7000
Date Daytime Phone #

LAWRENCE J. DE GEORGE

U00000815830
02/14/08-80024-021-150.00

**DO NOT WRITE
IN THIS SPACE**